

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed: **9**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. John M  
Parras

OFFICE USE ONLY



4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

4820 Rusk, Hou. TX 77023

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 514-0651

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Jesusa C.  
Susie Moreno

Receipt # Amount

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5201 Plum Dr., Hou. TX 77087

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 644 6593

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign treasurer appointment (officeholder only)



July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

10 / 31 / 05

12 / 31 / 05

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

11 / 8 / 05

☐ Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Houston City Council - Dist. I

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME** John Parras **16 ACCOUNT # (Ethics Commission files)**

**17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

**COMMITTEE TYPE**

☐ **GENERAL**

☐ **SPECIFIC**

**COMMITTEE NAME**

**COMMITTEE ADDRESS**

**COMMITTEE CAMPAIGN TREASURER NAME**

**COMMITTEE CAMPAIGN TREASURER ADDRESS**

☐ additional pages

**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,750.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 425.95

4. TOTAL POLITICAL EXPENDITURES

\$ 9,303.12

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

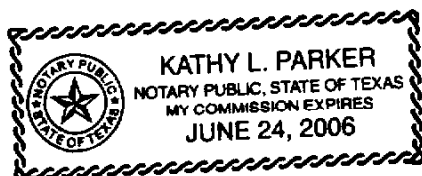
\$ 1,521.75

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0.00

**19 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Parras, this the 17<sup>th</sup> day of January, 2006, to certify which, witness my hand and seal of office.

Kathy Parker  
Signature of officer administering oath

Kathy Parker  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1/1

2 FILER NAME

John M. Parras

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/2/05

5 Full name of contributor

Jane Owen

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

[REDACTED], Hou. TX 77019

7 Amount of contribution (\$)

2,000

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/3/05

Full name of contributor

Dick De Guerra

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED], Hou. TX 77002

Amount of contribution (\$)

2,500

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/3/05

Full name of contributor

Martina Cartwright

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED], Hou. TX 77018

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/3/05

Full name of contributor

Rex King

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED], Hou. TX 77024

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/8/05

Full name of contributor

Joe and Sonya Moreno

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

[REDACTED]  
Euless, Texas 76039

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1/5

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Carreño Group

7 Amount (\$)

11/3/05

6 Payee address; City; State; Zip Code

714 Parker St., Hou. TX 77007

2,866.23

8 Purpose of payment (See instructions regarding type of information required.)

Reimbursement for mailing

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Carreño Group

Amount (\$)

11/3/05

Payee address; City; State; Zip Code

714 Parker St., Hou. TX 77007

2,800.00

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for mailing

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Juan Parras

Amount (\$)

11/3/05

Payee address; City; State; Zip Code

4622 Rusk, Hou. TX 77023

115.05

Purpose of payment (See instructions regarding type of information required.)

Reimburse expenses

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Dollar Tree Stores

Amount (\$)

11/5/05

Payee address; City; State; Zip Code

Store #2862, Hou. TX

57.37

Purpose of payment (See instructions regarding type of information required.)

Election day supplies

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2/5

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11/5/05

Sam's Club

6 Payee address; City; State; Zip Code

1615 S. Loop W., Hou. TX 77054

218.35

8 Purpose of payment (See instructions regarding type of information required.)

Election day supplies - food...

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

11/5/05

Arne's Wholesale Warehouse

Payee address; City; State; Zip Code

2830 Hocks, Hou. TX 77007

158.71

Purpose of payment (See instructions regarding type of information required.)

Election day supplies - decorations...

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

11/6/05

Office Depot

Payee address; City; State; Zip Code

6888 Gulf Frewy., Hou. TX 77087

85.50

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

11/7/05

Sam's Club

Payee address; City; State; Zip Code

1615 S. Loop W., Hou. TX 77054

111.43

Purpose of payment (See instructions regarding type of information required.)

Election day supplies - drinks...

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3/5**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

**11/7/05****Office Depot**

6 Payee address; City; State; Zip Code

**6888 Gulf Frewy., Hou. TX 77087****64.93**

8 Purpose of payment (See instructions regarding type of information required.)

**Office Supplies**9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

**11/8/05****A-ABC Air Conditioning & Heating Co.**

Payee address; City; State; Zip Code

**8124 Ithaca St., Hou. TX 77017****90.00**

Purpose of payment (See instructions regarding type of information required.)

**Office Maintenance**-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

**11/8/05****Aztec Party and Tent**

Payee address; City; State; Zip Code

**601 W. 6th St., Hou. TX 77007****121.24**

Purpose of payment (See instructions regarding type of information required.)

**Election day supplies - rental**-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

**11/8/05****Spec's Liquor Warehouse**

Payee address; City; State; Zip Code

**2410 Smith St., Hou. TX 77006****189.32**

Purpose of payment (See instructions regarding type of information required.)

**Election day supplies - drinks...**-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4/5

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11/8/05

Party's 4 You

6 Payee address; City; State; Zip Code

1310 Avenue G, S. Houston, TX 77587

500.00

8 Purpose of payment (See instructions regarding type of information required.)

Election day Svcs. - drinks, workers

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

11/8/05

Vincent Castro

Payee address; City; State; Zip Code

123 Dresden, Hou. TX 77012

200.00

Purpose of payment (See instructions regarding type of information required.)

Election day entertainment - D.J.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

11/11/05

Juan Parras

Payee address; City; State; Zip Code

4622 Rusk, Hou. TX 77023

112.92

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for misc. exp.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

11/20/05

Paz Muguerza

Payee address; City; State; Zip Code

6731 Harrisburg, Hou. TX 77011

430.00

Purpose of payment (See instructions regarding type of information required.)

Rent - utilities

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5/5

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11/20/05

SBC

6 Payee address; City; State; Zip Code

PO BOX 930170, Dallas TX 77393

146.89

8 Purpose of payment (See instructions regarding type of information required.)

Internet / Telephone

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/5/05

Jason Bruinsma

Payee address; City; State; Zip Code

6505 Ave. F, Hou. TX 77011

150.00

Purpose of payment (See instructions regarding type of information required.)

Contract work

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/5/05

Marro Moreno

Payee address; City; State; Zip Code

6505 Ave. F, Hou. TX 77011

175.00

Purpose of payment (See instructions regarding type of information required.)

Contract Work

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1/1

2 FILER NAME

John Parras

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

NX Media Inc.

6 Payee address;

City; State; Zip Code

8

Amount  
(\$)

11/4/05

[REDACTED], Hou. TX 77081

243.56

7 Purpose of expenditure (See instructions regarding type of information required.)

Pushcards

Reimbursement  
from political  
contributions  
intended

Date

Payee name

99¢ only stores

Payee address;

City; State; Zip Code

Amount  
(\$)

11/6/05

[REDACTED], Hou. TX

25.72

Purpose of expenditure (See instructions regarding type of information required.)

Electron day supplies

Reimbursement  
from political  
contributions  
intended

Date

Payee name

Register.com Inc.

Payee address;

City; State; Zip Code

Amount  
(\$)

11/7/05

[REDACTED], NY NY 10018

14.95

Purpose of expenditure (See instructions regarding type of information required.)

Website hosting

Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement  
from political  
contributions  
intended

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